

ment, to express the objects for which the building exists, in good taste, and yet have it garbed in a habit of distinctive individuality. And there is no apparent reason why, having met the conditions imposed by the librarian, the architect cannot still contribute his art to make the ideal plan a beautiful and an appropriate building.

LIBRARY AND INTERLIBRARY LOANS

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This is not intended as a formal presentation of the subject of Library and Interlibrary Loans, but merely as an introduction to a discussion in which it is to be hoped all will participate. What we should lend, to whom and for how long are the questions which immediately confront us. Circumstances should govern policies and the librarian's tact and judgment must be relied upon to solve each individual case. The interchange of ideas and experiences will help us each to solve his or her problems.

Dr. Browning, addressing this Association in 1915, reminds us that "It is the business of the general medical library (so far as it is able to fit itself to do so) to supply anything in its line that is called for; and to the extent that it fails to do so, to that extent it falls short of its program."

We should all like to have on our shelves any book asked for by the reader, and especially by the research worker. But before many days we receive requests for material that we do not have. Some years ago in an article concerning the buying of periodicals Mr. Fisher said "Requests are made daily to libraries for periodicals in all languages, many of which it is difficult to obtain complete, even if the library can afford the subscription; the particular journal may be asked for once and the title not again heard mentioned for years. Still the journal is wanted—at the time—and it then has positive value to the reader." Such complete sets are becoming rarer and more expensive every day. Only a library with a good income can hope to maintain even the absolutely indispensable periodicals. Out of such a situation has grown the custom of interlibrary loans.

Interlibrary loan is an expensive process. It requires in its lowest terms: locating the material in another library; (2) a letter of request; (3) a search for the book; (4) a special charge of some sort; (5) wrapping and directing; (6) shipping by express or registered mail; (7) acknowledgment of receipt at the borrowing library; (8) advice of return to the owning library with refund of carriage; (9) wrapping and directing when ready for return; (10) shipment; (11) discharge; (12) acknowledgment of receipt.

Needless to say, the borrowing library should be anxious to do its part in making the *search* occupy as little time as possible. If possible, requests should include author, initials, subject, title of periodical,

volume number, page and date. If care is used by the borrowing library, only verification is needed by the lending library and additional correspondence is eliminated.

Costly as this service is, it saves extensive duplication in the same section of the country of expensive sets of transactions and journals. The special field of interlibrary loan is that of furthering intensive study. It acts on the principle that the duty of the library is to supply tools for research, to aid the unusual need with the unusual book. Books are lent to other libraries for the use of research workers who are expected to enlarge the boundaries of knowledge.

Some books are so rare that they cannot be loaned at all, but there are also those volumes which can be loaned with very slight danger of loss. Care in packing, shipping and directing, with adequate insurance or valuation, must be used. For this type of book first-class express should always be used because it is safest and there is less wear and tear on the book. I might add that all books can be sent to points in the first zone as cheaply by first-class express as by book postage if they are marked "books."

Many libraries do not keep statistics of interlibrary loans, but a careful contemplation of the answers to our questionnaire brings out the fact that 65 libraries which sent definite answers to this question borrowed more than 10,000 items during one year, showing that the interlibrary loan is really a vital part of reference work. The Army Medical Library is the largest lender. Some months it lends more than 1,000 items. The John Crerar Library is generous to those who cannot visit the library. Its loans go to all parts of the country. Lane Medical Library serves the Pacific Coast States. Washington University of St. Louis, Michigan University, the Mayo Clinic Library, and others serve well their own territories. Canadian libraries, since they have their list of scientific periodicals, have begun to borrow among themselves.

How to make this service, which has become an important part of our work, bring the best results with the least effort to busy librarians, to provide a way to locate material and make it accessible to the individual research worker with the least inconvenience to the lending library is no small task. I feel sure, however, that the spirit of co-operation which has made the exchange a success will help to solve our difficulties.

Miss Brinton in her paper last year gave us a helpful list of Medical Serial lists. Besides these we have: A guide to serial publications in Boston, Cambridge, and vicinity, compiled by T. J. Homer, and a Bibliography of periodical literature and learned societies of interest to zoologists in the University of Michigan Library, compiled by R. W. Hegner. The catalogue of scientific periodicals in Canadian Universities is completed. The Virginia Academy of Science is now compiling a list of scientific journals for that part of the country. The American Medical Association Quarterly Cumulative lists the periodicals which it indexes, most of which are kept on file in the library.

Chemical Abstracts from time to time publishes a list showing what libraries subscribe to the magazines indexed. And last, but not least, is the Union Check List of Serials in the United States and Canada. I hope that before it is finally completed every medical library that can possibly do so will check it.

Of course, we all know how valuable is the Index Catalogue of the Surgeon General's Library. In 1864 this library comprised 1365 volumes and had its first printed catalogue. We owe its establishment to Dr. Billings. His interest in bibliography came originally from his difficulties in attempting to prepare a graduation dissertation. This led him to try to establish for the use of American physicians a fairly complete library, and in connection with it to prepare a comprehensive catalogue and index which "should spare," in his own words, "medical teachers and writers the drudgery of consulting ten thousand or more indexes and of turning over leaves of as many volumes to find a dozen or so references." We hope that the librarian of the Army Library, whoever he may be in the future, will never lose sight of the original purpose of a national library.

The actual process of locating a reference is fascinating. Bibliographies on special subjects imply that the material can be found in the library where they are compiled. New York State Library, John Crerar Library, New York Academy of Medicine, and, of course, other libraries have such bibliographies. Mr. Bay suggested that we might have some plan of reporting any bibliographies of any size or on any obscure subject to a central bureau. This would certainly be ideal.

If one is fortunate enough to have access to a depository card catalogue where Library of Congress or John Crerar printed cards serve as a nucleus with additions from other libraries, the task of locating material is simplified, for one can verify and locate at the same time.

When all other sources of information fail, the librarian must use knowledge of other libraries and common sense. To know what libraries are strong on certain kinds of material is a great help. Too few of us know what the "other fellow has."

Most libraries try to collect local journals and manuscripts and reprints of their local men. Hartford Medical Society Library has books by Connecticut doctors, Philadelphia General Hospital the work of its staff, Harvard a collection of works by members of the faculty, as has Michigan. Barlow Medical Library collects California items, St. Louis Medical Society, South Carolina, Illinois, New York State Library, McGill and Toronto have local journals and society proceedings. Rochester puts its efforts on the history of Monroe County; Jackson County Library collects journals and catalogues of Missouri Medical Schools. South Carolina has hand-written theses of their graduates from 1830 to 1860. Syracuse has material on Geneva and Fairfield Medical Schools, precursors of Syracuse.

Massachusetts State Department of Health, Johns Hopkins School of Hygiene and Public Health, Yale University, the National Health Library of New York, have material on public health, including mental hygiene, heredity, vital statistics, child health, nutrition. Michigan Department of Health emphasizes epidemiology and laboratory procedure. Johns Hopkins Hospital Library has French and German theses and dissertations, as has also California. Orleans Parish Medical Society Library specializes in Tropical Diseases, Columbia on Anatomy and Physiology; Saranac Laboratory Library on Tuberculosis, with a collection of Trudeau publications; Ohio State University has the Wardlaw Collection on Gynecology, South Carolina the Huger Memorial Collection on Pediatrics, St. Louis University School of Medicine has emphasized Biology and has the Auer-Meltzer Collection on Physiology and Pharmacy, the Loeb Collection on Ear, Nose and Throat, and the Fleisher Collection on Bacteriology (700 vols.). McGill is collecting Ophthalmology, Washington University (St. Louis) has Dr. Green's and Dr. Adolph Alt's Collection on Ophthalmology, the Fischel Library on Internal Medicine, the Pagel Library on the History of Medicine, and the Beaumont Collection of Manuscripts. Quine Library, Columbia, Cleveland, and Washington University report strength in Medical History. Michigan has the beginnings of a history section in the volumes bought on the Peter White Fund. Maryland University has the John Crawford Collection of works on early medicine; Ohio State the Coleman Historical Collection, the Pennsylvania Hospital Library, the oldest medical library in the United States, is strong in early medical books, with a few incunabula and books and journals of the 18th and 19th centuries. McGill University also has 18th and early 19th century works. The Osler Memorial Library stands in a class by itself in medical history. Miss Ophüls has described the historical collection of the Lane Medical Library in the latest number of *California and Western Medicine*.

Mr. Brownne of the New York Academy of Medicine writes, "We have everything by, about, and for a doctor." One of their unique collections is the Fouchard Collection on Dental Works.

In the Boston Medical Library, the John Crerar Library, the Library of the Physicians of Philadelphia, and the Army Medical Library one may expect to find the extraordinary. In Washington, D. C., one finds a splendid collection of scientific literature. Colonel W. O. Owen in a recent article has described briefly the various libraries there.

A library usually feels responsible for its immediate territory. The kind of material borrowed by hospitals, laboratories, public health departments, public libraries, and the practicing physician is the sort that the doctor, social service worker or public health worker would use could he come to the library. We try to fill these requests, but oftentimes it is just this material that is needed at home. Some libraries have begun duplicate sets of the most popular periodicals. Among our patrons are those who subscribe to journals in their own

fields of work. Very few of them have space to store back numbers. Could they not be encouraged to deposit these as duplicates to be loaned? The time needed for taking care of them can be reduced to a minimum by merely arranging them without additional records, either in the stacks with the first set, or in a group by themselves. Leaving them unbound reduces the cost of transportation.

The American Medical Association assists its fellows and individual subscribers by lending them two periodicals at one time for a period of three days. It makes no interlibrary loans. There are kept on file foreign periodicals covering a period of five years and domestic for two. Up till May 20, 1925, they loaned 876 magazines this year. Following the lead of the Hospital Service Bureau, they have recently begun an accumulation of packages of articles on various subjects. The first of these was sent out July 1, 1924. Up to May 20, 1925, 308 packages had been sent out.

Miss Green last year told us of the unique field of the Hospital Service Bureau. The bureau was established in 1920. Its purpose: to collect information on all that had to do with organization, equipment, and administration of hospitals. So far no restrictions have been made as to the amount of service without charge to anyone actively engaged in hospital and public health work. That this service is appreciated is shown by the fact that by March, 1925, the number of packages that had been prepared was 1522.

Rules are the outcome of experiences in individual libraries. Of the libraries which answered the questions, 35 lend unbound material, 2 lend it in the city, 7 do not lend it at all, 2 lend duplicate unbounds and 1 pamphlets; 42 renew, 2 do not, and 1 sometimes. The time limit varies from ten days to six weeks. Most libraries do not limit the number of items loaned at one time. (The nature of medical research demands this. A busy physician wants all of his material together at one time.) Where there is a limit it varies from three to five items.

At first glance one would think that all libraries should have uniform rules in regard to interlibrary loans. But diversity helps to make the service efficient.

The Army Medical Library does not lend unbound material of any kind. All material except those on the restricted list may be borrowed for two weeks with the privilege of extension upon written request for two weeks more.

The John Crerar Library lends books that are not likely to be called for by readers in the library. This condition bars absolutely the books shelved in the Reading Room, and in most cases current periodicals, though the latter, if in foreign languages, may be allowed to go for a few days. It also limits the number of items that can be loaned at one time. The maximum time for a loan is two weeks, and the librarian has no authority to extend any loan.

"The Library Committee of the College of Physicians of Philadelphia (quotation from Mr. Fisher) does not favor the so-called 'Interlibrary Loan System.'" That library installed a photostat in

1916. Mr. Fisher suggests advantages from its use to reader and to the library. To the reader: 1. Prints made would be his property. 2. He would know they were absolutely correct. 3. He could cut out what he wished to quote and paste it in his own manuscript. 4. He could carry in his pocket to the meeting a half dozen or more articles on the subject in hand to use for ready reference. 5. The copies would include cuts and prints which he could include in his manuscript or use at the meeting. 6. Articles in foreign languages of which translations had to be made could be sent where and to whom it was most convenient without a thought of loss or damage to the original. To the library: 1. It minimizes wear and tear on a book. 2. It minimizes chance of loss. 3. It does not remove from use a volume which is in constant or timely demand in the library. This, of course, is an important item in libraries connected with teaching institutions.

However, one must remember that a photostat that will withstand the effects of time must be carefully prepared; the mere washing carefully is an expensive process. A good many of the articles that are useful to a man while preparing a paper are of no lasting value to him. Many times it is hard to tell from the titles just which articles will be of value. The photostat can hardly be used when an article covers from twenty-five to fifty pages unless a trained research worker can locate the few important pages needed. Several of our libraries, notably the Army Medical Library, have made provisions for this sort of thing. As far as the expense is concerned, the size and number of pages must be considered, also the cost of transportation of the original. The usefulness of the photostat increases with the distance between libraries.

When it comes to the volumes on the restricted list in any library, of course, the photostat has real value. The Army Medical Librarian has summed up the restricted list as: Reference books, current periodicals, all unbound material, old and rare books, those containing valuable plates, and large folio volumes, all of which are considered irreplaceable if lost or damaged. Although the Army Library has more than any other of this class of books, a good many of us have a few treasures and are glad of the invention of the photostat. We should be sure, however, that photostat copies will serve the worker's purpose and be as economical before we substitute them for the loan of originals.

The John Crerar Library reports the total work of the camera-graph for the year 1923 as 6,074 sheets on 495 orders. This does not designate separately the interlibrary requests. Also one must remember that only about 25% of their work is strictly medical. The College of Physicians of Philadelphia Library in 1923 furnished to other than fellows on application 255 prints; for 1924, 124. Since installing their machine they have sent prints to the principal cities in this country and to England, France, Germany, and China.

In 1897 Dr. Spavik suggested a Union Catalogue for each city. "The essence of a reference library is to have the books obtainable,

with some ready means of knowing just where each is to be found. It is not necessary that they should all be collected under one roof and one ownership. It is only necessary that their titles and location should be furnished in a well-managed catalogue."

Germany in 1914 had put into force a detailed system of inter-library loans supported by three hundred and eighty-two libraries under the leadership of the Royal Library of Berlin and ten leading universities. In connection with it is an information bureau whose purpose is to discover if and where there is a copy of the wanted book. The central office contains a central catalogue on cards, a supplementary catalogue recording all books not found in the eleven libraries, and a collection of catalogues and bibliographies. A book that is not found listed in either the main or supplementary catalogue is noted and a search card made for it. This card is sent to various libraries throughout the empire. If the book is located the card is filed in the main catalogue. If not, in the supplementary catalogue. This system is possible there because all these libraries as well as many of the smaller ones are under one administrative department. This is quite "unAmerican," but we cannot but realize the value of such an information bureau.

The Union Check List of Serials for the United States and Canada is well under way. By means of this and the Index Catalogue of the Surgeon General's Library we can locate material and can also determine what serials are not to be found in America. A careful survey of the situation might then be made and some scheme formulated whereby all libraries would not try to acquire at the same time rare and expensive sets, thus increasing their price. One year a certain library could attempt growth along one line, and another year along another line, with a central committee which could advise as to what was being sought for by others.

We also have depository card catalogues throughout the country. In 1918 there were forty-six of such depositories receiving Library of Congress cards. Most of them are connected with university and public libraries, but a good many medical libraries are in a position to consult them. It might be well to have an up-to-date list of such catalogues made. It could be published in the Bulletin, and would serve as a guide to members of the Association.

I doubt if an elaborate central bureau of information would be practicable, but would it not be splendid if our efforts, successful or unsuccessful, to secure a reference could be recorded for future use?